

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sm</i>		2/10/00
O.I.P.E. CLASSIFIER			2-29-00
FORMALITY REVIEW		<i>2000</i>	<i>4/1</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/15/02
2	✓	✓	11/15/02
3	✓	✓	11/15/02
4	✓	✓	11/15/02
5	✓	✓	11/15/02
6	✓	✓	11/15/02
7	✓	✓	11/15/02
8	✓	✓	11/15/02
9	✓	✓	11/15/02
10	✓	✓	11/15/02
11	✓	✓	11/15/02
12	✓	✓	11/15/02
13	✓	✓	11/15/02
14	✓	✓	11/15/02
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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